



1021763-001
Manufacturing Plant
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April 9, 2010

UPS: 1Z 593 122 13 9989 2675

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

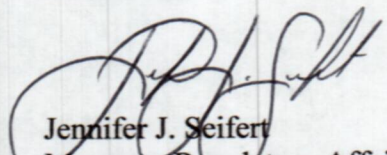
In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on April 9, 2010.

Enclosed please find the following:

Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-22109369),

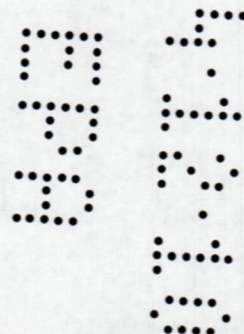
If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,
Hacco, Inc.


Jennifer J. Seifert
Manager, Regulatory Affairs

Enclosures

JJS/tla

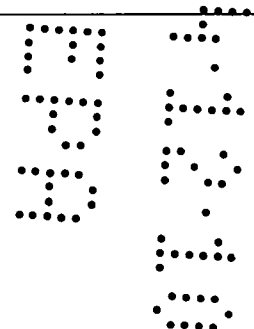


Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-22109369
	Address: Puerto Rico	Address:		
	Phone #: [REDACTED]	Phone #:		
	Incident Status: New	Location and date of incident Puerto Rico Unknown	Date registrant became aware of incident: 3/31/2010	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 61282-41	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) Diphacinone	A.I. (s)	A.I. (s)	
	Product 1 Name Rat and Mouse Killer with Diphacinone	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes
	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information



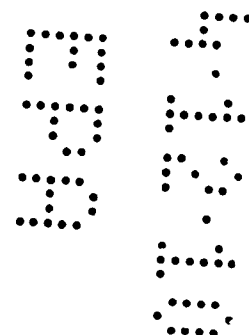
*3/31/2010 4:34:51 PM *Caller requests a Spanish-speaking interpreter. Conferenced in Interpreter # 10069*

*Mouse Killer
EPA# 61282-41*

Hx: Caller states that she touched the bait pellets and then touched her eyes and they are now red and irritated. As the interpreter was trying to get the information I asked for, the caller was suddenly gone. Unsure if caller deliberately disconnected or if the call connection had failed. Attempted to contact patient back, but kept getting a fast busy signal.

*4/1/2010 10:03:49 AM Prosar CB#1- Spanish Interpreter # 8294
[REDACTED] is better and is not having any further sxs. She went and saw an MD and got some meds for her eyes and mouth.*

Personal privacy information



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Dermal Ocular</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Ocular Irritation, 15 min or less;</i> <i>Redness, 15 min or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-22109369